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| FORM 1 | ORGANIZATION | | | Office Use O | | |
|--|---|--|--------------------|---------------------------------|--------------------|--|
| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4I | | IL CENTER | |
| Student Voice | e Project | | | | | |
| ADDRESS (number and str | P.O. Box 289 | 7 | | | · | |
| (Check if address is changed) | Richland | | WA | 99302 | | |
| | • | CITY | STATE | ZIP | CODE | |
| COMMITTEE'S E-MAIL AI (Check if address is changed) | DDRESS (Please provide only one of jCOStanzo@s | · | | | | |
| COMMITTEE'S WEB PAG (Check if address is changed) | www.student | representation. | org | | | |
| 2. DATE 07 | 18 2012 | | | | | |
| 3. FEC IDENTIFICATIO | ON NUMBER C 0 | 0524090 | | | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | | | |
| I certify that I have exami Type or Print Name of Tre | ned this Statement and to the best | - | f it is true, corr | ect and complet | de. | |
| Signature of Treasurer | The C | | Date C | 7 18 | 2012 | |
| NOTE: Submission of false, | erroneous, or incomplete information ANY CHANGE IN INFORMAT | may subject the person signir | | | of 2 U.S.C. §437g. | |
| Office Use Only | | For further information Federal Election Communication For Information Toll Free 800-424-9530 Local 202-894-1100 | | FEC FORM 1 (Revised 02/2009) | | |